FILED

September 2, 2014

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

Effective

August 13, 2014

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE SUSPENSION OR REVOCATION OF THE LICENSE OF

William Briglia, D.O.
LICENSE NO.: 25MB05471600

TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF NEW JERSEY

ORDER OF TEMPORARY SUSPENSION

OF LICENSE

This matter was opened to the New Jersey State Board of Medical Examiners ("Board") by way of an Order to Show Cause, Notice of Hearing and Notice to File an Answer, filed with the Board by John Hoffman, Acting Attorney General of New Jersey, Senior Deputy Attorney General Jeri Warhaftig appearing, on May 8, 2014. The Order was supported and accompanied by a Verified Complaint and Exhibits, and was initially returnable on May 14, 2014. The Complaint alleged among other things that Respondent had discontinued his participation in October 2013 in the Physician Assistance Program (PAP), where he had been a participant following self-reporting of medication use to the PAP and an inpatient admission to Princeton House for detoxification in January 2013, at which time he acknowledged increasing his prescribed dosage of controlled medications. The complaint also alleged a prior history of enrollment for 15 years in the Board's

Alternate Resolution Program (ARP) which confidentially oversees licensees suffering from chemical dependencies and other impairments. The complaint further alleged that after advising in April 2014 that he intended to resume participation in the PAP, Respondent was not participating and that his continued unmonitored status presents a potential clear and imminent danger to the public.

Pursuant to N.J.S.A. 45:1-22 the Attorney General sought temporary suspension of the license of William Briglia, D.O. ("Respondent") to practice medicine in the State of New Jersey, appropriate testing and evaluation as well as other relief deemed necessary by the Board, pending a plenary hearing on the matter. Respondent filed an Answer and Brief in Opposition on May 13, 2014. The matter was resolved via oral consent agreement on the record at the May 14, 2014 Board meeting.

By correspondence dated August 5, 2014, the Attorney General sought to Amend the Verified Complaint and Order to Show Cause to include a second count alleging among other things, continued and willful non-compliance with monitoring and/or treatment. The State requested that the motion to Amend and the hearing on the Order to Show Cause be considered by the Board at the August 13, 2014 meeting. Respondent submitted an Answer and Affirmative Defenses to the Amended Complaint on August 12, 2014.

A hearing was held in this matter before the Board on August 13, 2014. Jeri Warhaftig, SDAG appeared on behalf of the Acting Attorney General and Alex Keosky, Esq. appeared on behalf of Respondent.

In her Certification in Support of the Motion to Amend the Verified Complaint and Order to Show Cause for Temporary Suspension of Licensure, SDAG Warhaftig indicated that at the hearing on May 14, 2014, the parties advised that a settlement had been achieved and Dr. Briglia verbally agreed under oath to the terms including various monitoring and therapy requirements. Over the course of the following month, SDAG Warhaftig and Mr. Keosky reduced the agreed upon settlement to a written Consent Order. Nonetheless, Respondent did not sign the order and failed to take the necessary steps to comply with the terms of his oral agreement. Accordingly, SDAG Warhaftig sought to amend the Verified Complaint and Order to Show Cause to add a second count alleging that Respondent's continued and willful non-compliance with any monitoring and/or treatment program with accountability to the Board evidences that his continued practice presents a clear and imminent danger to the public; that Respondent's failure to execute and return the Consent Order for filing by the Board is an act of professional misconduct and failure to cooperate with the Board in violation of N.J.S.A. 45:1-21(e) and N.J.S.A. 45:1-21(h); and that Respondent's failure to conform to promises made

under oath further evidences an act of dishonesty, misrepresentation and/or false promise in violation of N.J.S.A. 45:1-21(b) and evidences a lack of good moral character which is an ongoing requirement of licensure pursuant to N.J.S.A. 45:9-6.

Respondent did not object to the amendment of the Verified Complaint and he was clearly on notice that it was alleged he was non-compliant with the terms he agreed to under oath on May 14, 2014. A pleading may be freely amended when it is in the interests of efficiency and expediency to do so, absent undue prejudice to the opposing party. The Board finding no undue prejudice to Respondent, and given his lack of objection, the Attorney General's application to amend the Verified Complaint and Order to Show Cause was granted.

The Board then moved on to the hearing on the Verified Complaint and Order to Show Cause as filed and amended in this matter.

Summary of Evidence Presented

In an opening statement, SDAG Warhaftig argued that Respondent refuses to be bound by the rule of law. She asserted that the law allows the privilege of licensure and requires the Board to supervise the practice of licensees, but that the Board's obligation to protect the public trumps any individual's right to practice. She argued that Respondent is unwilling to be a man of his word and disregards promises he made to the Board. She urged that Respondent's

unwillingness to be bound by the rules that bind all licensees make him an imminent danger to the public. The Attorney General supported her application for the temporary suspension of Respondent's license with the following documents introduced into evidence:

A Certification of Louis E. Baxter, M.D., FASAM.

B May 7, 2014 letter from Dr. Baxter to Executive Director Roeder.

C March 17, 2014 letter from Dr. Baxter to State Board of Medical Examiners and attached IRC follow-up report of 96-38 and urine screen results.

D January 15, 2013 and October 17, 2013 reports of Dr. Laurie Deerfield to the PAP-NJ.

E Princeton House Discharge Summary regarding Respondent's January 2013 admission.

F January 28, 2013 internal PAP memo to Briglia file and Private Letter Agreement.

G. Incident reports of Linda Pleva and Stephen Giacolona regarding May 7, 2014 events.

H April 11, 2014 letters of Mr. Keosky and SDAG Warhaftig regarding Dr. Brilgia.

I Transcript of testimony of Dr. 96-38 before the Impairment Review Committee on October 28, 2013.

J Alternate Resolution Program regulation

K Certification of SDAG Warhaftig in support of amendment to Verified Complaint and Order to Show Cause filed August 5, 2014 and Exhibits:

1 Transcript of Respondent's agreement to monitoring and other requirements under oath on May 14, 2014

2 Consent Order agreed to by counsel unsigned by Respondent

3 Letter dated July 23, 2014 authored by Dr. Michael Shore indicating that he is unable to serve as Monitor for Respondent, and that Respondent does not intend to follow the Interim Agreement.

L Biography and Resume of Dr. Louis Baxter, Medical Director, PAP-NJ

M PAP-NJ record for Respondent[1]

In his opening statement, Mr. Keosky argued that defying a Board order is not sufficient to show that Respondent is a clear and imminent danger to the public pursuant to N.J.S.A. 45:1-22. He asserted this matter is not about quality of care, it is about whether Respondent is impaired or in danger of relapse. Counsel claimed that Respondent is not addicted or impaired, nor is he in danger of becoming addicted or impaired. He stated Respondent is under the treatment of a psychiatrist, has clean urines, and accordingly, Respondent does not believe that compliance with the agreement made orally on the record on May 14, 2014 is necessary. Respondent supported his position with the following documents introduced into evidence:[2]

1 The PAP-NJ record for Respondent was accepted into evidence under seal at the request of both parties given the extensive personal nature of the record.
2 Although SDAG Warhaftig did not object to these documents being entered as

A Private Letter Agreement between PAP and Respondent.

B January 7, 2014 letter from Dr. Zeid, D.O. regarding diagnosis of Respondent and prescription of controlled substance for pain and anxiety.

C Letter of Reference dated October 23, 2013 from Arthur M. Brewer, MD, Respondent's supervisor at University Correctional Health Care.

D Respondent's Prescription Profile from Walgreens pharmacy for the period January 20, 2011 through December 12, 2013.

E C.V. and report of evaluation of Respondent dated March 5, 2014 by Marja Mattila-Evendon, Ph.D., ABPN certified General and Addiction Psychiatry Specialist who evaluated Respondent regarding his need for treatment program at his request and opined there is no evidence of addictive pattern of prescriptive drug abuse during 2012-2013 and he is not in need of any mandated treatment program.

F Respondent's July 24, 2014 urinalysis results.

E-mail correspondence dated August 3, 2014 submitted by Respondent directly to DAG Warhaftig and shared with the Board prior to the hearing date, was entered into evidence at Respondent's request as exhibit Board-1 without objection from either party.

Respondent also testified on his own behalf, was cross examined by DAG Warhaftig and answered questions posed by the Board. He has worked in the field of Corrections Medicine for eleven years. He is currently employed by University Correctional Health Care, at Rutgers, (subcontracted with the Department of Corrections) and as Regional Medical Director for the southern third of New Jersey since

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evidence, she noted that none of the exhibits are certified by the author and that Dr. Mattila-Evendon is not licensed in New Jersey.

2011. He meets with his supervisor, Dr. Arthur Brewer, at least once each week and also speaks with him on the telephone. Respondent primarily works at Southwoods State Prison where he oversees one physician, 5 nurse practitioners and other licensees. He also comes in daily contact with correctional officers and prison administrators.

Respondent explained that for five years (1996 through 2001) he was enrolled in the Professional Assistance Program ("PAP"). Between 2001 and 2011 he engaged in optional enrollment and saw Dr. Baxter twice a year. His wife was diagnosed with colon cancer in September 2010. In December 2011, Respondent underwent emergency heart surgery. On December 22, 2012, his wife passed away at home while in hospice. Respondent has 4 children (aged 18, 16, 9 and 5 years), 2 step children (aged 26 and 25) and one step grandchild (age 5), all of whom reside with him in his home.

Respondent claimed he sought out Dr. Baxter at the PAP for mental health counseling in the wake of his wife's death. He also wanted to "get off" controlled medications prescribed after his heart surgery before "it became a problem." He testified that when he met with Dr. Baxter on January 4, 2013, somehow the conversation got focused more on the medication than it did on his grief. Although he stated a "relapse" was not discussed with the PAP, Respondent admitted himself to Princeton House for detoxification on January

7, 2013 in "mild withdrawal from pain medications." He testified that he did so on Dr. Baxter's recommendation: "I was so down, he probably could have told me to report to prison, I would have done it. . . I trusted him." 1T 63:14-20. Respondent initially told Princeton House that his oxycodone consumption increased from 20-30 mg per day to 300 mg per day in mid-December, but later claimed that he exaggerated the amount so that insurance would pay for his stay at Princeton House. Respondent testified that the pharmacy profile in Exhibit D represents the totality of medication prescribed to him during the time period indicated on the profile.

At the end of January, Respondent reluctantly signed a private letter agreement with the PAP: "I contested it really every time I saw him. I questioned the diagnosis [of relapse into addiction], it didn't make sense." 1T 33:6-8.

Respondent claimed he did not know Dr. Deerfield's diagnosis of him. He was addicted to opiates in the 1990's and believes he may have had a mild physical dependence on opiates during the time period surrounding his wife's death. He asserted he was never addicted to benzodiazepines. He testified he has not taken any controlled substances since January 2013. The Board should not be concerned as,

> my sobriety is pretty strong. I learned what you need to do to maintain sobriety, and I have done that very well. I know the resources that are out there for me if that's an issue... All things considered I have done well. You know,

> at work, I work in a very supervised environment, I'm not a surgeon that can cut somebody . . . being impaired would be hard to hide.
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> 1T 75-76

Respondent acknowledged that on May 14, 2014 he agreed under oath to remain in psychotherapy, undergo random urine screens, attend AA meetings and obtain a sponsor, meet monthly with a Board approved monitor and undergo an anger management evaluation. He acknowledged he has not met with an anger management specialist, has not attended AA meetings, has met with his monitor only once and has gotten only two urine screens (in late July and early August).[3] Respondent was "caught off guard" at the May 2014 meeting with a "sidebar discussion," and just did what his lawyer told him to do. Later, he saw the written consent order and felt it was "outrageous" to include the clear and imminent danger language in writing. Upon further reflection, he realized he could not justify the cost and time away from his family that would be necessary to comply.

In closing arguments and in his brief, Respondent's counsel argued Respondent's continued unrestricted practice does not pose a clear and imminent danger to the public. He sought out Dr. Baxter in January 2013 as a self-referral to help deal with the turmoil of his wife's illness and death, and with the concern that, due to his

3 The latter results were unavailable at the time of hearing.

increased emotional and psychological pain and insomnia, coupled with the physical pain from a December 2011 cardiac surgery (after a thoracic aortic aneurysm), he might become dependent upon the pain medication and Ativan his family physician prescribed for him. Counsel asserted Dr. Baxter assumed that Respondent was dependent or addicted to these medications based upon the incorrect understanding that Respondent was taking his wife's pain medication for his personal use.

Respondent's primary physician, Randy M. Zeid, D.O. reported that from January 2012 through July 2013 he prescribed Vicodin for neuromuscular pain. According to Dr. Zeid, Respondent did not "exhibit any signs of addiction or misuse of any controlled medications prescribed . . . by me." Respondent's Exhibit B.

By letter dated October 23, 2013, Arthur M. Brewer, M.D., Respondent's supervisor at work, reported that Respondent continued to be dependable and hard working since his promotion in 2011. Respondent's Exhibit C. Counsel for Respondent argued that, if addicted to pain medication, Respondent would have been unreliable and irritable.

Respondent claimed a prescription profile from the pharmacy where he regularly fills his prescriptions, shows all prescriptions that he filled from March 2012 through November 2013 and demonstrates that Dr. Zeid's monthly prescriptions of 30 tablets were the only

CDS medications Respondent took during that time. Respondent's Exhibit D.

Laurie Deerfield, D.O., a psychiatrist who specializes in Addiction Medicine, prescribed Suboxone for Respondent on a monthly basis beginning on January 15, 2013. In 2013, Respondent had consistently clean urines from PAP. In October 2013, Respondent stopped taking the Suboxone of his own accord.

Finally, Marja Mattila-Evenden, M.D. of the University of Pennsylvania Medical Center, who is board certified in general and addiction psychiatry examined Respondent concluded that there exists "no evidence of addictive pattern of prescription drug abuse" and that Respondent is not in need of "any mandated treatment program." Respondent's Exhibit E.

Respondent's counsel argued that failure to cooperate with a Board Order standing alone does not constitute clear and imminent danger. The Attorney General has not submitted an expert report indicating Respondent is at risk of relapse, nor any other documentation showing a current diagnosis of addiction. Dr. Evenden found no evidence of addictive pattern of prescription drug use, and Respondent has been and continues to see Dr. Deerfield.

Finally, Respondent argued that the Board should consider that Respondent provides care to an underserved population - prison inmates. They should not be denied medical services because

Respondent failed to comply with a Board order. Similarly, Respondent is responsible for extended family - if he loses his license and his job he will no longer have insurance and will no longer have an income.

In closing, SDAG Warhaftig argued that Respondent's unmonitored practice and unwillingness to abide by the rules governing the practice of medicine constitutes a clear and imminent danger to the public. Dr. Baxter has been in charge of Respondent's medical care as it relates to addiction and dependence for 15-20 years, and is much more familiar with Respondent, than the brief encounter with Dr. Evenden.

In December 2012, Respondent's use of oxycodone escalated by his own admission. Respondent argues it is possible that Dr. Baxter misunderstood Respondent to be using his wife's medicine. Respondent also claims Dr. Baxter made a mistake when he determined he should go for inpatient detoxification. However, Dr. Deerfield also recommended that Respondent go to inpatient detox when she wasn't available to see him right away. (State's Exhibit M) Now the Board would have to believe that Dr. Deerfield also made a mistake. Respondent claims he exaggerated the amount of oxycodone he was taking to obtain insurance coverage for his unnecessary inpatient treatment at Princeton House. But, upon discharge from Princeton House, his physician indicated that Respondent minimizes his addiction and would benefit from monitoring. (State's Exhibit E)

SDAG Warhaftig argued that without monitoring, Respondent is a clear and imminent danger to the public:

> I am focused on whether we are monitoring Dr. Briglia because the records that are in possession of the Board through its Impairment Review Committee indicate that he is in need of monitoring. He has had certainly a physiological dependence, he said that himself, but, arguably, not all the facts are the facts Dr. Briglia has testified to. What if he was taking 300 milligrams a day? We are encouraged that he was able to discontinue, but that doesn't mean that he should discontinue monitoring.T1 96-97

SDAG Warhaftig recounted that, by January 14, 2013, Respondent was in treatment with Dr. Deerfield, who noted that he unilaterally resumed the use of Ativan after the Princeton House detoxification. (State's Exhibit D). At the end of January 2013, Respondent entered into a Private Letter Agreement with the PAP indicating he would participate in the program for the life of his license and that his participation would be reported anonymously to the Board. In May 2013, his request for reduction of the frequency of urine screens was denied. In October 2013, his request to be released from ARP was denied, and he chose to

> walk away from the program, kept going for his urines, but stopped showing up for his face-to-face meetings with a program representative, something that he agreed that he would do. Well, by the Spring of 2014, the PAP was ready to report Respondent to the Board by name because he wasn't showing up.
> 1T 99

In lieu of public action being taken against his license, Respondent then represented that he would recreate his relationship with the PAP. On May 7, 2014, Respondent returned to the PAP and met with Dr. Baxter when, the two of them had an argument and, at the end of that meeting, the PAP advised the Board that no therapeutic relationship could be maintained.

DAG Warhaftig asserted that this was problematic because upon the severance of his relationship with the PAP, Respondent was no longer part of the Board's program that protects the public by monitoring participants, with varying requirements tailored to each individual, and with constant quarterly feedback to the Board.

On May 14, 2014 Respondent stood in front of this Board and agreed under oath to a number of requirements that included monitoring and therapy. He has not complied with the terms he agreed to and he has refused to sign a written Consent Order memorializing the terms. He is not participating in the PAP, does not have an alternative monitor and, in his August 3, 2014 e-mail to SDAG Warhaftig claims Dr. Deerfield is "in it for the money." 1T 104 and Board Exhibit 1.

SDAG Warhaftig argued that the unmonitored practice of a physician who presents with Respondent's history of substance abuse

and treatment with no monitoring represents a clear and imminent danger to the public. She further argued:

> I don't know what rules he creates and then breaks, but I 'd like to point out that if he's breaking these rules, if he has the temerity to stand up in front of ...the licensing entity in this State, ...and make representations and then to not follow through on those representations, what index of confidence do you have that he follows any rules he doesn't like, ...and that could extend to care of his patients, it could extend to his workplace, it could extend to many things. . . his unwillingness to follow the rules does present a clear and imminent danger to the public.
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> T 105-106

DISCUSSION

There are few contested facts in this case. The parties agree that in September 2011, Respondent was released from the Alternate Resolution Program after more than fifteen years of enrollment. In January 2013, Respondent self-reported his use of prescription pain medication in the wake of his own cardiac surgery and the death of his wife, sought out the PAP, both due to his grief and as he wished to get off of the medications, enrolled in an in-patient detoxification program, began therapy with Dr. Laurie Deerfield and signed a private agreement with the PAP agreeing to lifelong participation with that entity. The PAP reported his participation anonymously to the ARP of the Board and he was accepted into that program.

The PAP reported that Dr. Briglia had relapsed into the use of opiates, which is disputed by respondent, who indicates that he had a physical dependence and wanted to get off the medications. A note in the PAP record[4] indicates respondent was "very upset" he couldn't reach the PAP (on Friday January 4th) "going through w/drawal," and the PAP record documents a call on January 7, 2014 from Dr. Deerfield's office indicating her recommendation that respondent be referred for "detox."

Respondent's discharge record from Princeton House (State's Exhibit E) from January of 2013 indicates his chief complaint that he started using oxycodone. He reported at the time of inpatient treatment he was using approximately 300 mg. a day, had begun using it on December 13, 2012 when his wife was home terminally ill with metastatic cancer, with the use increasing to the amount above; and admitted to increasing his dosages of Lorazepam and Ativan -tripling each(from .5 mg. twice a day to 1 mg. 3 times per day). According to the report, Respondent felt he did not need detox from benzodiazepines, but ultimately agreed that continuing to use them given his diagnosis of addiction and recent escalation of dose would be inadvisable. He was, reportedly, argumentative and irritable during his stay. On day 3 of admission he complained of mild chills

4 We refer to limited portions of the PAP record as needed in this order. It was also referred to by the parties at the hearing.

and required minimal amounts of Suboxone. The physician treating him at Princeton House noted:

> "It was difficult to know if the patient is being honest about his withdrawal symptoms as he is very focused on being discharged. . . at the time of discharge he states that he exaggerated the amount of oxycodone he was taking in order to 'get in' to detox."

Upon discharge, he was diagnosed with opioid and benzodiazepine dependence and it was noted that "the patient will benefit from the close monitoring of the PAP program, as he continued to minimize his addiction throughout his stay at Princeton House."

Dr. Laurie Deerfield saw Respondent on January 14, 2013, at which time he indicated that he experienced opioid withdrawal symptoms on January 13th. He admitted that he was still taking Ativan (a benzodiazepine) after his discharge from Princeton House, but ultimately agreed to taper off this medication. Dr. Deerfield prescribed Suboxone. Respondent currently continues in treatment with Dr. Deerfield. State's Exhibit D.

In October 2013, the Board denied Respondent's second request for a reduction in urine screens and his request to be released from the PAP and the ARP. Despite the denial, Respondent ceased to comply fully with his private letter agreement. In Spring 2014, Respondent was confronted with his noncompliance and agreed to re-establish his relationship with the PAP. Unfortunately, Respondent and Dr. Baxter apparently exchanged heated words. Upon notification by the PAP in

May 2014 that a therapeutic relationship could no longer be maintained, the Attorney General filed an Order to Show Cause seeking the suspension of Respondent's license arguing that his unmonitored practice was a clear and imminent danger to the public. Later that month, in lieu of a hearing, Respondent agreed, under oath and with representation of counsel, to a variety of specific and increased monitoring and counseling requirements and he acknowledged that he would sign a consent order subsequent to his appearance. Nonetheless, Respondent failed to comply with the terms he orally agreed to and refused to sign a consent order memorializing the same.

In Respondent's Exhibit E, Dr. Marja Mattila-Evenden reports that Respondent sought her out for a second opinion in December 2013 and she evaluated him for approximately two and a half hours over the course of two days. She noted that in the 1990's Respondent was addicted to opioids and "there was abuse/dependence of benzodiazepines and stimulants." At the time of his evaluation "he was free from any signs and symptoms of active drug addiction… ." In the opinion of Dr. Mattila-Evenden, "there is no evidence of addictive pattern of prescription drug abuse during 2012-2013 and he is not in need of any mandated treatment." However, Dr. Mattila-Evenden was not provided with a clinical assessment from the PAP or documentation from Princeton House. She did review a letter

from Dr. Deerfield, but it is unclear what information that letter contained.

Respondent now claims that he was misdiagnosed with relapse into addiction in January 2013, should not have been told to enroll in the detoxification program, should not have been prescribed Suboxone by physicians at the detoxification program or Dr. Deerfield and should not have been subject to monitoring. He further claims that he was somehow coerced on May 14, 2014 into agreeing under oath to increased monitoring and therapy requirements in lieu of having a hearing on the Order to Show Cause. By electronic correspondence to SDAG Warhaftig dated August 3, 2014, Respondent expresses anger at what he perceives to be the lack of medical knowledge and the mismanagement of his case by SDAG Warhaftig, the Board, the PAP and Dr. Deerfield. (Board's Exhibit 1)

The Board finds that the sworn statements and certifications of Dr. Baxter, Respondent and others, along with the reports of Dr. Laurie Deerfield, the Princeton House Discharge Summary and other documents taken together with the poor judgment demonstrated by Respondent's repeatedly failing to adhere to voluntarily agreed to monitoring and settlements, including with this Board, and his poor judgment in recanting many of the representations he has made, including but not limited to his treating physicians at Princeton House, create a record demonstrating repeated instances of poor

judgment that in the aggregate is so pronounced that it supports a finding that the application presented by the Attorney General palpably demonstrates a clear and imminent danger to the public were respondent to continue to practice unmonitored pending adjudication of the charges.

The Board recognizes the difficult and tragic personal circumstances which respondent has faced. However, there is a background of many indications of dependence upon and admitted escalation of use far above prescribed dosages of addictive medications (and despite the belated claim that he exaggerated usage to get insurance coverage for detox), self-reported withdrawal symptoms, reports of treating physicians upon detoxification that respondent was minimizing his addiction, would benefit from monitoring, should refrain from the use of Benzodiazepines given his diagnosis of addiction, (yet he unilaterally resumed the use of Ativan following discharge from Princeton House), all coupled with a prior history of addiction. In these circumstances, we cannot allow Respondent to set his own rules, and determine for himself the amount and type of monitoring and treatment with which he should comply. He has been given numerous opportunities, and indeed the record is replete with instances in which respondent agreed to comply with a monitoring program, only to reneg on each promise. We find that with the history presented in this matter, that is,

treatment for substance abuse followed by a long period of documented sobriety, with a return to narcotics and at the very least a physiological dependence on narcotics and other controlled drugs, then an inpatient detoxification, and refusal to follow treatment recommendations, a failure to monitor such an individual would pose a palpable clear and imminent danger to the public we are bound to protect.

Therefore, no remedial measure less than the full temporary suspension of license should respondent fail to comply with the following order will suffice to protect the public interest.

ACCORDINGLY, it is on this 2nd day of September, 2014;

ORDERED, as announced orally on the record and effective August 13, 2014:

1. Respondent's license is temporarily suspended with such suspension stayed for a period of thirty (30) days after the Order was announced on the record on August 13, 2014. Further stay of the temporary suspension is contingent upon Respondent's compliance with the requirements of this Order. These requirements shall remain in place pending further Order of the Board subsequent to a plenary hearing on the charges or upon acceptance of a settlement acceptable to both parties and the Board.

2. Failure to comply with the requirements of this Order shall constitute the unrestricted, unmonitored practice of medicine which is a violation of this Order, which due to the identified risk to the public shall result in the automatic activation of the stayed temporary suspension of Respondent's license.

3. After the expiration of six months of monitoring under this Order, with the support of the Monitor and other treating professionals, Respondent may apply for a reduction in monitoring.

4. Respondent shall secure Board approval of a Monitor to be proposed by Respondent. The Monitor is required to be an individual with expertise in the field of Addiction Medicine and is subject to comment by the Attorney General and approval by the Board's Medical Director. The Monitor shall serve as the coordinator for the requirements of this Order and a resource for Respondent and shall provide reports required herein.

5. Respondent shall participate in monthly face-to-face meetings with the Monitor. The first meeting shall be held on or before September 12, 2014.

6. On or before September 12, 2014, Respondent shall secure the Board approved Monitor's agreement to provide quarterly status reports to the Board the first such reports to be due no later than 90 days following approval of the monitor. The monitor shall provide immediate notification (no later than 48 hours after awareness)

orally and in writing to the Board should Respondent fail to comply with any aspect of the Board's Order, should the results of any urine screen be adulterated, dilute or positive for an unapproved substance or should the monitor identify conduct indicative of relapse.

7. Respondent shall maintain absolute abstinence from all psychoactive substances, including alcohol, unless prescribed by a treating physician for a documented medical condition with notification from that physician to the Board approved Monitor, of the diagnosis, prognosis and the medication(s) prescribed within 48 hours of such prescription.

8. Respondent shall submit to random directly witnessed weekly urine monitoring as scheduled by a Board-approved Monitor. All specimens shall be directly witnessed by a urine monitor approved in advance by the Board and tested by a Board-approved laboratory with maintenance of a forensic chain of custody and results returned to the Monitor. Respondent shall propose the name of a urine monitor for Board approval. The urine monitor may be Dr. Joseph Sireci, or another urine monitor proposed by Respondent and pre-approved by the Board. The first random directly witnessed urine screen will be completed on or before September 12, 2014.

9. Respondent shall document to the Board his attendance at a minimum of one weekly meeting of Alcoholics Anonymous or Narcotics Anonymous. Respondent shall develop and maintain an ongoing

relationship with a sponsor within that program. Weekly meetings shall begin on or before September 12, 2014.

10. Respondent shall continue in psychiatric care with Dr. Laurie Deerfield or another psychiatrist proposed by Respondent and pre-approved by the Board with therapy at a frequency to be determined by the psychiatrist. Psychiatric care shall begin no later than September 12, 2014 and shall not be discontinued without the approval of the psychiatrist, the Board approved Monitor and the Board.

11. On or before September 12, 2014, Respondent shall make arrangements to undergo an anger management assessment with a qualified individual who is pre-approved by the Board and who shall not be Dr. Deerfield or Respondent's current treating psychiatrist. Notification of the arrangement shall be provided to the Board and the Attorney General so that background information may be submitted to the evaluator. The results of that assessment shall be provided to the Attorney General, the Monitor and the Board no later than 60 days after August 13, 2014. Respondent shall comply with whatever recommendations for treatment flow from that assessment and the provider of that treatment shall be subject to comment by the Attorney General and approval of the Board.

12. Upon receipt of reliable information that respondent has failed to comply with a term of this order, the Board in its sole discretion may automatically activate the stayed temporary

suspension of license provided by this Order. In that event, Respondent shall have ten days to request a hearing to contest such suspension, the sole issue of which shall be whether any information received was false.

New Jersey State Board of Medical Examiners

By: Stewart Berkowitz, M.D.
President

NOTICE OF REPORTING PRACTICES OF BOARD REGARDING DISCIPLINARY ACTIONS

Pursuant to N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence, are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

(1) Which revokes or suspends (or otherwise restricts) a license,
(2) Which censures, reprimands or places on probation,
(3) Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license(and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such Federal or State agency that is publicly available information.

Pursuant to N.J.S.A.45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the orders entered by the Board.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.